



Star

NURTURING TODAY'S **YOUNG PEOPLE**,
INSPIRING TOMORROW'S **LEADERS**

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY





Document control

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Summary of changes in this version

Information
<p>Allergen and Anaphylaxis SOP</p> <p>A new set of standard operating procedures to minimise the risk of allergic reactions in school, support pupils when they have a mild/moderate reaction and procedures in the event of anaphylaxis.</p>
<p>Supporting Pupils with Medical Conditions Policy</p> <p>Anaphylaxis and Severe Allergic Reaction SOP</p> <p>In order to simplify processes, a number of forms have been changed:</p> <ul style="list-style-type: none"> • The Individual Healthcare Plan has been updated to include allergies as part of the medical needs and the question if administration or carrying of medication is required. • The 'Parental Request for School to Administer Medication' and 'Parental Request for Pupils to Carry Own Medication' forms have been combined into the 'Administering or Carrying Medication – Parent Request' form. This prevents duplication of forms and information. • With the changes to these forms, the appendices within the Supporting Pupils with Medical Conditions Policy have been altered to show the new forms along with the numbering changed within the body of the policy. • Point 96. Reference to the new Allergen and Anaphylaxis SOP included.
<p>Anaphylaxis and Severe Allergic Reaction SOP</p> <ul style="list-style-type: none"> • This is a new set of standard operating procedures to minimise the risk of allergic reactions in school and to support pupils when they have a mild/moderate reaction. <p>It outlines the procedures in the event of anaphylaxis.</p> <ul style="list-style-type: none"> • Adopt new policy and share with staff. • Ensure the new 'Individual Healthcare Plan' and 'Administering or Carrying Medication – Parental Request' forms are used from now on
<p>Anaphylaxis and Severe Allergic Reaction SOP</p> <ul style="list-style-type: none"> • Adopt new SOP and share with staff. • Ensure staff have completed the training required. <p>Ensure staff are aware of which pupils have allergies and have control measures in place to minimise potential risks.</p>



Contents

Introduction	5
Aims	5
Who is responsible for this policy?	5
Roles and responsibilities	5
The role of the governing body.....	5
The role of the school	6
The role of staff.....	6
The role of pupils	7
The role of parents/carers	7
The role of outside agencies	7
Identifying and supporting pupils with medical conditions.....	7
Individual health care plans (IHCP)	8
Administration of medication protocols.....	8
Storage and disposal of medication.....	9
Hygiene/infection control	10
School trips.....	10
Sporting activities.....	10
Emergency procedures	11
Diabetes	11
Asthma	11
Highly infectious diseases (e.g. meningitis)	12
HIV and AIDS	12
Allergies.....	13
Pupils returning from long holidays abroad and new immigrants	13
Head-lice	13
Intimate care.....	14
Regular medical checks.....	15
Unacceptable practice	15
Liability and indemnity.....	16
Training	16
Complaints	17
Appendix 1: Individual healthcare plan	18
Appendix 2: Model letter inviting parents to contribute to individual healthcare plan development	21
Appendix 3: Parental request for school to administer medication or pupil to carry own	22



Appendix 4: School drug file 24

Appendix 5: Pupil medication log 25

Appendix 6: Contacting the emergency services..... 26

Appendix 7: Staff training record – administration of medication 27



Introduction

1. Medical conditions can be described as diseases or disorders diagnosed by a medical professional usually requiring medical treatment. Medical needs can be described as the support required by an individual in order to effectively manage the medical condition.
2. Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal activities.
3. This policy sets out the school's commitment to ensuring all children with medical conditions, in terms of both physical and mental health, are properly supported in school and that their needs are considered so that they can play a full and active role in school life, remain healthy and achieve their academic potential (please note, for pupils with SEND this guidance should be read in conjunction with the SEND Code of Practice).

Aims

4. To ensure pupils with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
5. To establish the principles for safe practice in the management and administration of medicines.
6. To set out the responsibilities of parents/carers, the principal and staff in relation to supporting pupils with medical conditions and the administration of medicine.
7. To support the mission, vision and values of the trust and its establishments.

Who is responsible for this policy?

8. The trust has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory or trust framework. The trust has delegated day-to-day responsibility for operating the policy to Star Central, the local governing body and the principal of each trust school.
9. The senior leadership team at each trust school has a specific responsibility to ensure the fair application of this policy and all members of staff are responsible for supporting colleagues and ensuring its success.

Roles and responsibilities

The role of the governing body

10. The governing body will ensure:
 - the policy for supporting pupils with medical conditions is readily accessible to parents and school staff
 - any school policies, plans, procedures and systems are properly and effectively implemented, including the collation and retention of written records of all medicines administered to pupils



- arrangements are in place to support pupils with medical conditions; arrangements which ensure that such children can access and enjoy the same opportunities at school as any other child
- the school and multi-agencies work together to ensure that children with medical conditions receive a full education, recognising that in some cases this will require flexibility
- that no child with a medical condition is denied admission or prevented from taking a place in school because arrangements for their medical condition have not been made
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Individual Health Care Plans are established where necessary and reviewed at least annually or earlier if evidence is provided that a pupil's needs have changed
- the school complies with their duties under the Equality Act 2010 with regard to disabled pupils
- the appropriate level of insurance is in place and appropriately reflects the level of risk in the school

The role of the school

11. The senior leader with responsibility for pastoral care and pupil wellbeing will have designated responsibility for overseeing the provision of care for pupils with medical conditions; deciding in consultation with staff, parents, health professionals and the trust the ways in which the school will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.
12. The designated leader will ensure:
 - all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
 - all staff who need to know (including any temporary/supply staff) are aware of a child's medical condition
 - sufficiently trained numbers of staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations
 - all staff are aware of the designated persons with responsibility for medical care. For example:
 - first aider
 - senior leader with responsibility for pastoral support and pupil well-being
 - the School Nursing Service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the School Nurse
 - risk assessments for school visits, and other school activities outside of the normal timetable consider the needs of pupils with medical conditions
 - appropriate cover arrangements are in place to support pupils with medical conditions in cases of staff absence or staff turnover

The role of staff

13. Only staff who are authorised to do so can provide support to pupils with medical conditions.
14. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.
15. All staff will take into account the needs of pupils with medical conditions that they teach.



16. In exceptional circumstances, staff may be required to administer medicine or take emergency action. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The role of pupils

17. Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
18. The school will ensure pupils with a medical condition are involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual health care plan.
19. The school will ensure that all pupils know what to do, in general terms, in a medical emergency, such as informing a teacher immediately if they think help is needed.

The role of parents/carers

20. Parents/carers will be required to provide the school with sufficient and up-to-date information about their child's medical condition and associated needs.
21. Parents/carers are key partners and will be involved in the development and review of their child's individual health care plan. They must carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The role of outside agencies

22. The school will liaise with outside agencies including the School Nursing Service, GPs, paediatricians, the Local Authority etc in order to identify pupils with medical conditions, secure advice on devising individual health care plans and develop staff training etc.

Identifying and supporting pupils with medical conditions

23. The school will ensure pupils with medical conditions are identified along with any associated needs in time for the start of the relevant school term through liaison with any previous school setting, the School Nursing Service, Local Authority and parents via an annual pupil data collection return.
24. Where a medical need (beyond a short course of medication) is identified, the school will coordinate a meeting to discuss the child's medical support needs and identify school staff who will provide support.
25. In other cases, such as a new diagnosis or children joining the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks of the school being informed by the parents/carers.
26. It is the responsibility of parents to inform the school of any short-term medical needs (for example, a short course of medication) that arise during the course of the school year.
27. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the school will determine the support to be provided based on the available evidence. This may normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
28. All medical conditions and needs identified will be recorded on the schools 'Medical Conditions Register'.



Individual health care plans (IHCP)

29. Not all pupils with a medical need will require an IHCP. The school, parents and healthcare professional (or written evidence provided by such) will determine the need to create such a plan (see Appendix 1).
30. The Senior Leader with responsibility for pastoral support and pupil well-being will lead the development of IHCP.
31. In formulating an IHCP, the school will identify the medical condition, risk level, triggers, signs, treatment, emergency arrangements, the pupil's resulting needs, including medication, specific support required and the level of support, who will provide the support, those in school who need to be aware of the pupil's condition, arrangements or written permission from parents re the administration of any medication, arrangements for school trips and matters of confidentiality etc. The school will also consider the need for a Personal Emergency Evacuation Plan in the case of emergency evacuation (see Business Continuity and Emergency Response Plan).
32. Where a child has SEND but does not have a statement or education health and care plan (EHC) plan, their special educational needs will also be noted in their plan.
33. Where a child has a special educational need identified in a statement of EHC plan, the individual health care plan will be linked to or become part of that statement of EHC plan.
34. Plans will be drawn up in partnership between the school, parents, and any relevant healthcare professionals, e.g. school, specialist(s) or children's community nurse, who can best advise on the particular needs of the child (see Appendix 2 for an exemplar invitation letter to parents). Pupils will also be involved whenever appropriate. The plans will capture the steps which the school can take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
35. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
36. Where a pupil is returning to school following a period of hospital education or alternative provision, the school will work with the Local Authority and education provider to ensure that the individual health care plan identifies the support the pupil will need to reintegrate effectively.

Administration of medication protocols

37. The Senior Leader with responsibility for pastoral support and pupil well-being is responsible for considering all requests related to the administration of medication.
38. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
39. In the event that a child requires medication within school hours, parent must notify the school. No medication (prescribed or non-prescribed) will be administered to a child under 16 without prior consultation with, and written permission from the parent or guardian, obtained through the form shown in Appendix 3 (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents – in such cases, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality. In addition, a note from the family GP confirming the child is fit to attend school and the necessity for the child to take medication during school hours may be required).
40. Each request for administration of medication to a pupil in school will be considered individually.



41. The school encourages and supports children to manage their own medication. Where the school agrees to requests for the administration of medication, it is with the understanding that a child will self-administer medication under the supervision of an elected member of staff and in accordance with the school procedures. Where pupils cannot self-administer medication, the school will coordinate a meeting to discuss the child's needs.
42. Pupils will not be given medicine containing aspirin unless prescribed by a doctor.
43. Medicines will only be administered (including in supervisory capacity) by staff willing and suitably trained to do so and then only under the overall direction and responsibility of the designated Senior Leader.
44. Specific cultural and religious views on a pupil's medical care will be respected, but must be made known to the school in writing.
45. A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil.
46. Medication must be delivered to school by the parent or escort (not sent to school in the child's bag) and given to the Senior Leader responsible for pastoral care and pupil wellbeing.
47. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage (except for insulin, which must still be in date but will be provided in a pump or pen rather than its original container). Where a pupil needs two or more prescribed medicines, each should be provided in the separate original container supplied by the pharmacist.
48. Medicines received will be logged onto the school's drug file, as shown in Appendix 4, and held securely within the school. All essential staff will be able to access medicines in case of emergency.
49. The school will establish a Pupil Medication Log (see Appendix 5). Persons administering/supervising the administration of medication will check the medication type is correct then log the time and date, and sign the chart upon administering medication.
50. If pupils refuse to take medication, school staff will not force them to do so, but will record this in the pupil medication log and follow the procedure agreed in the individual health care plan. The school will inform the child's parents as a matter of urgency (on the same day the child refused medication). If necessary, the school will call the emergency services.
51. Some pupils carry their own medication (e.g. inhalers). This decision is based on wishes of parents as well as the age, maturity and ability of the individual child (see Appendix 3).

Storage and disposal of medication

52. The school will not store large volumes of medications.
53. Wherever possible, parents will be asked to bring in the required dose each day rather than a week's supply.
54. Medicines will be stored securely and according to the storage guidelines noted on the original container supplied.
55. Non health-care staff will never transfer medicines from their original containers.
56. Pupils will know where their own medication is stored and who holds the key.
57. A few medicines, such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available to pupils and will not be locked away. These will be kept in a secure area.



58. If the school locks away medicines that a pupil might need in an emergency, all staff will know where to obtain keys to the medicine cabinet and be able to do so without delay.
59. Staff will not dispose of medicines. Parents will be requested to collect medicines held at school at the end of each term. Parents will be responsible for the disposal of date expired medicines. All medication will be returned to parents when it has expired or is no longer required.
60. Where parents do not collect medicine for discarding, staff will contact the local pharmacist who will collect the medication.
61. Insulin and unused needles for diabetic pupils will be locked in a medical fridge. Pupils will be required to bring their own 'sharps' box into school to store any used insulin needles after taking the required dose.

Hygiene/infection control

62. All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.
63. Staff will have access to single-use, protective disposable gloves, hand washing facilities and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

School trips

64. School should ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and sporting activities, and not prevent them from doing so.
65. Sometimes additional safety measures for educational visits may need to be made. Arrangements for taking any necessary medication will also need to be taken into consideration.
66. Staff supervising educational visits will be aware of any medical needs and relevant emergency procedures.
67. Sometimes additional support may be required for a particular pupil.
68. During planning, a risk assessment will be undertaken to take account of any steps needed to ensure that pupil with medical conditions are included.
69. Where staff are concerned about whether they can provide for a pupil's safety, or the safety of others on a trip, they will seek further advice from the Educational Visits Co-ordinator who will liaise with parents, the School Nurse or the child's GP, and the trust's Educational Visits Adviser.

Sporting activities

70. Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities.
71. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan.
72. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary (especially medication for Asthma, Anaphylaxis).



73. Teachers supervising sporting activities will be aware of relevant medical conditions and emergency procedures.
74. During planning, a risk assessment will be undertaken to take account of any steps needed to ensure that pupils with medical conditions are included.

Emergency procedures

75. All staff will be aware of the school's procedure for calling the emergency services (999) and conveyance of pupils to hospital by the safest and quickest means available as directed by the emergency services (car/ambulance) – see Appendix 6.
76. If a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital in an ambulance.
77. Generally staff should not take pupils to hospital in their own vehicle, however, in an emergency it may be the best course of action. This should only be carried out if another member of staff accompanies the causality and driver, and the driver holds business vehicle insurance.
78. Where a child has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do, ensuring that all relevant staff are aware of emergency symptoms and procedures.

Diabetes

79. The school accepts the responsibility of advising all its staff (teachers, ancillaries and lunch-time welfare assistants etc) in practical diabetes management. The school will seek to make close links with the School Nursing Service, as necessary.
80. The school will also undertake to develop links with the parents of diabetic children and maintain a record of such pupils and their individual health care plans in line with this policy. Parents will be asked to provide details of the necessary treatment.
81. Children with diabetes will be encouraged to bring the necessary equipment (be it a fizzy drink, glucose tablets etc) and these will be kept by the school or pupil, depending on the age of the pupil and the circumstances (the school will liaise with the parents as to the best course of action). The school will try to ensure that the pupil has easy access to whatever is required at all times, whether in the classroom, playground, sports field, swimming pool or on school trips.
82. The school will aim to allow the pupil to take a full part in school activities unless he/she is severely affected, and teachers will be aware of pupils with diabetes particularly during exercise.

Asthma

83. The school accepts the responsibility of advising all its staff (teachers, ancillaries and lunch-time welfare assistants etc.) in practical asthma management. The school will seek to make close links with the School Nursing Service, who will play an important role in educating the staff in asthma management and we will encourage their involvement.
84. The school will undertake to ask all parents if their child has asthma or is very wheezy and if they have to use an inhaler. The school will maintain a record of all pupils with asthma and will endeavour to obtain details of every child's treatment from parents, together with 'clear guidance on correct usage' in accordance with the procedures outlined in this policy.



85. Pupils with asthma who need a reliever¹ inhaler will be encouraged to have two inhalers - one at home and the other to bring to school daily.
86. Pupils who need preventer² inhaler will also be encouraged to have two of these so that they can bring one to school if one needs to be used during the school day.
87. Pupils need instant access to reliever inhalers at all times. Delay in taking relief treatment can lead to a severe asthma attack and can, in rare cases, be fatal. The school will try to ensure that any pupil has easy access to his/her inhaler at all times whether in the classroom, the playground, the sports field, the pool, during lunch-time and breaks and on school trips.
88. The school will liaise with individual parents about whether the child or the teacher should hold the inhaler. The school will aim to allow the pupil with asthma to take a full part in all school activities unless the pupil is severely affected.
89. During games and P.E. activities, staff will be aware of pupils with asthma who need to use an inhaler either before or during exercise. Pupils will not be forced to participate in games or exercise if they say they are too wheezy to continue. The member of staff will ensure that the pupil takes the inhaler to the pool or the sports field. Any member of staff who feels that a pupil is becoming too over-reliant on their reliever inhaler or has poorly controlled asthma must report their feelings to either the parents or the Principal, who will contact the parents.
90. If a child with severe asthma needs to use a nebuliser to deliver his/her drugs, the school will liaise with the parents and the School Nurse to ensure correct management of the nebuliser.
91. If classroom pets are likely to cause problems for children with asthma, the school will ensure that the asthma sufferer does not come into contact with the pets.
92. If a child has an asthma attack at school, they should be treated according to their individual health care plan. An ambulance should be called if:
 - the symptoms do not improve sufficiently in 5 – 10 minutes
 - the child is too breathless to speak
 - the child is becoming exhausted
 - the child looks blue
93. The need for an IHCP is important if a child has attended A&E multiple times, or has been admitted, due to an 'asthma attack'.

Highly infectious diseases (e.g. meningitis)

94. As soon as the school becomes aware that a pupil or member of staff is affected, the advice of the Public Health Service will be sought and acted upon, keeping parents, staff and others informed as fully as possible.

HIV and AIDS

95. If the school is informed that a pupil or member of staff, or a visitor has the HIV infection or AIDS, the advice of the Public Health Service will be sought and acted upon.

¹ Reliever inhalers - Ventalin, Brycanyl, Salbutamal

² Preventer inhalers - Intal, Becotide, Pulmicart



Allergies

96. The school should be made aware of children with allergies and this is likely to occur through the normal admissions channels.
97. This policy should be read in conjunction with the Anaphylaxis and Severe Allergic Reaction standard operating procedure to ensure all allergies and incidents of anaphylaxis are dealt with correctly by the Establishment.
98. Most allergies, such as hay-fever, are controllable with inhalers, sprays and drops and the same procedures will take place as laid down in the Asthma section.
99. Where pupils are at risk of a severe allergic reaction, including severe food allergies an individual health care plan will be devised and all staff, including kitchen staff, will be given a list of the pupils involved and the allergies they have. Where pupils have an allergy which produces a severe allergic reaction, such as peanut allergy, the school will need very close liaison with the parents and local health team. Where a pupil at risk of a severe allergic reaction attends the school, careful consideration must be given to the situation to ensure that all appropriate arrangements are in place, including briefing all relevant staff, ensuring key staff have undergone appropriate training, agreeing a health care plan with all relevant parties, and ensuring there is an emergency action plan in place.

Pupils returning from long holidays abroad and new immigrants

100. Occasionally health directives and advice relating to pupils returning from overseas travel and new immigrants arrive in school and it is important that staff are aware of these.
101. Any directives will be read and noted by the school and information passed on if necessary.

Head-lice

102. Head-lice is an increasing and on-going problem, which can be exacerbated when children's heads are not checked regularly, or sufficiently vigorous treatment is not carried out.
103. The school policy is:
 - to send out advice on a regular basis, particularly if there are a lot of parental complaints
 - keep a close check on children during the course of the teaching day
 - send home letters to individuals who are affected, with a warning and advice on how to treat the condition and a request not to send the child back to school until treatment has begun
 - send a 'head-lice alert' notice home with children in the same class
 - educate children about personal cleanliness (including hair-brushing) within the curriculum.
104. The school is not in a position to check or treat children's heads themselves nor to allow other parents to do so. Parental permission must be sought for the School Nurse to check heads.



Intimate care

105. Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.
106. Pupils who require regular assistance with intimate care have written individual health care plans agreed by staff, parents/carers and any other professionals actively involved, such as School Nurses or physiotherapists.
107. Additional vulnerabilities that may arise from a physical disability or special educational needs must be considered with regard to individual health care plans.
108. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
109. Where an individual health care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.
110. Adults who assist a pupil with intimate care should be employees of the school, not volunteers and therefore have the usual range of safer recruitment checks, including enhanced DBS checks as well as completed appropriate training.
111. Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff.
112. Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
113. The following guidelines assist in promoting positive attitudes to intimate care:
 - be familiar with the pupil beforehand in other contexts to gain an appreciation of their moods and verbal and non-verbal communication
 - speak to the pupil personally by name so that they are aware of being the focus of the activity
 - give explanations of what is happening in a straightforward and reassuring way
 - enable the pupil to be prepared for and to anticipate events whilst demonstrating respect for their body e.g. by giving a strong sensory clue such as using a sponge or pad to signal intention to wash or change
 - when washing, always use a sponge or flannel and where possible encourage the pupil to attempt to wash private parts of the body themselves
 - provide facilities which afford privacy and modesty
 - respect a pupil's preference for a particular carer and sequence of care
 - keep records which note responses to intimate care and any changes in behaviour
 - agree appropriate terminology for private parts of the body and functions to be used by staff and encourage pupils to use these terms as appropriate



- speak to older pupils in a way that reflects their age

114. In order to ensure the health and safety of staff and pupils involved in intimate care:

- there must be sufficient space, heating and ventilation to ensure the pupil's safety and comfort
- more than one member of staff should be available if a pupil is difficult to move or handle
- hoists must be provided for staff moving heavier pupils
- there must be a suitable changing table
- there must be a disabled toilet and/or appropriate toilet seats for children who require them
- items of protective clothing, such as gloves and disposable aprons, should be provided and readily accessible
- special bins must be provided for the disposal of wet or soiled pads
- there must be special arrangements for the disposal of any contaminated waste/clinical materials e.g. through the Schools Medical Service
- supplies of suitable cleaning materials should be provided for cleaning and disinfecting changing surfaces
- supplies of fresh clothes should be easily to hand so that the child is not left unattended whilst they are found
- checks should be made beforehand to ensure that there are suitable facilities for intimate care available on educational visits, including residential experiences.

115. From a safeguarding perspective, it is acknowledged that intimate care involves risks for children and adults. The school's safeguarding procedures will be adhered to. If a member of staff has any concerns about physical changes in a pupil's presentation, these will be reported immediately to the Designated Safeguarding Lead. If a pupil, or any other person, makes an allegation about an adult working at the school, this will be dealt with in accordance with the school's policy on dealing with allegations of abuse against members of staff (see Safeguarding (Child Protection) Policy).

Regular medical checks

116. These are carried out at regular intervals during the school year and at different ages. They are arranged by the School Nurse or Community Healthcare Service and include dental check-ups, hearing tests, eye-tests and medicals.

117. Should staff have concerns about individual pupils, they will voice these and the child will be seen at the next check-up, or one will be arranged with the School Nurse. The School Nurse visits school on a regular basis and is always available for advice. The School Nurse will visit parents if asked.

Unacceptable practice

118. The school acknowledges that is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)



- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to meet their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

Liability and indemnity

119. The trust has arranged cover liability arising from the provision of incidental medical treatment arising out of the following activities:

- first aid
- administration of prescribed and non-prescribed drugs or medicines
- Some examples of the treatments deemed to be covered are: use of **adrenaline auto-injectors**, use of defibrillators, injections, dispensing prescribed and non-prescribed medicines, application of appliances such as splints and oral and topical medication

120. The school will liaise with the insurance providers to determine whether individual cover may be required for any health care procedures.

Training

121. Staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Details of this training will be recorded (see Appendix 7).

122. Training needs will be identified during the development or review of individual health care plans as well as part of the Performance Appraisal arrangements and CPD planning. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

123. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual health care plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

124. A first-aid certificate will not constitute appropriate training in supporting children with medical conditions.

125. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training.



126. As part of staff initial induction and annual training, the school will provide whole school awareness training regarding the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Complaints

127. Any individuals wishing to raise a complaint relating to the support provided for pupils with medical conditions should follow the school's Complaint Policy.



Appendix 1: Individual health care plan

Individual health care plan



Star

Plan Number:

Pupil details		
Name of school		<i>photo here</i>
Pupil name		
Date of birth		
Tutor group		
Pupil address		
Medical diagnosis or condition		
Date		
Review date		

Contact details			
Family contact 1		Family contact 2	
Name		Name	
Phone number (home)		Phone number (home)	
Phone number (work)		Phone number (work)	
Mobile number		Mobile number	
Relationship to child		Relationship to child	
Clinic/hospital contact		GP	
Name		Name	
Phone number		Phone number	

Risk level	
Risk Level (H/M/L)	
<p><i>Notes:</i> High risk (Red) – may require emergency intervention Medium risk (Amber) – may result in time off school Low risk (Green) – usually managed in school</p>	



Who is responsible for providing support in school
Describe medical condition(s) (including allergies) and give details of pupil's symptoms, triggers, signs
Describe medical needs and give details of treatments, facilities, equipment or devices, environmental issues etc.
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Administering or Carrying Medication – Parental Request consent form completed <input type="checkbox"/>
Daily care requirements
Specific support for the pupil's educational, social and emotional needs



Arrangements for school visits/trips etc
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency (<i>state if different for off-site activities</i>)
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to



Appendix 2: Model letter inviting parents to contribute to individual health care plan development

Dear Parent

RE: DEVELOPING AN INDIVIDUAL HEALTH CARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual health care plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual health care plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual health care plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual health care plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully



Appendix 3: Parental request for school to administer medication or pupil to carry own

Parental Request for School to Administer Medication or Pupil to Carry Own Medication



Star

The school staff will not issue your child's medicine unless you complete and sign this form.

1. Details of Pupil	
Pupil's name	<i>Photo here</i>
Tutor group	
Date of birth	
Address	
2. Details of medical condition/illness	
Condition or illness	
3. Medication	
Name/type of medication (as described on the container)	
For how long will your child take this medication?	
Date dispensed	
Expiry date	
Are you requesting your child carry their own medication?	YES / NO (delete as appropriate)
4. Full directions for use	
Dosage and method	
Timing	
Special precautions / other instructions	



Side effects			
Self-administration*	YES / NO (delete as appropriate)		
Procedures to take in an emergency			
5. Only complete (section 5) for pupils at risk of a severe allergic reaction (anaphylaxis)			
List your child's allergies:			
Has your child been prescribed AAIs (adrenaline auto-injectors)?	YES / NO (delete as appropriate)		
If yes, which type of AAI has your child been prescribed? (Please tick)		Dosage = _____mg	
Epi-pen	<input type="checkbox"/>	Jext	<input type="checkbox"/>
	<input type="checkbox"/>	Emerade	<input type="checkbox"/>
The school may purchase spare Adrenaline Auto Injectors to be used in the event of an emergency allergic reaction. In the event of your child's prescribed AAI not working or one not being available, it may be necessary for the school to administer a spare AAI. Do you give your consent?		YES / NO / Not Applicable (delete as appropriate)	
6. Contact details			
Name			
Relationship to child			
Daytime telephone number			
Address			
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that I must deliver the medicine personally to the school.			
Date		Signature(s)	

NB: Medicines supplied must be in the original container as dispensed by the pharmacy.

**Please note, if your child cannot self-administer their medication under the supervision of school staff, the School will contact you to arrange a meeting to discuss your child's needs.*

Date		Signature of Principal	
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Appendix 4: School drug file

School Drug File



Pupil's Name	Name of Medication	Health Care Plan No. (if applicable)	Name of Staff Accepting Delivery	Signature of Staff Accepting Delivery	Date / Time Medicine Accepted



Appendix 5: Pupil medication log

Pupil Medication Log



Star

Details of pupil and medication	
Pupil name	
Date of birth	
Tutor group	
Date medication provided by parent	
Medication name and strength	
Quantity received	
Expiry date	
Dose	
Frequency	
Predicted end date of treatment	
Individual Health Care Plan No. (if relevant)	
Parent / Carer written permission	YES / NO

Date	Time Given	Dose Given	Reactions	Staff Signature	Staff Initials	Pupil Signature

Date medication collected from school and taken home by parent		
Quantity returned to parent		
Parent name		Parent signature



Appendix 6: Contacting the emergency services

Contacting the Emergency Services



REQUEST FOR AN AMBULANCE

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number
2. Give your location address
3. State your postcode
4. Give EXACT location in the school
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform ambulance control to the best entrance and if possible state the crew will be met by a member of and taken to the exact location.

Speak clearly and slowly and be ready to repeat information if asked.



Appendix 7: Staff training record – administration of medication

Staff Training Record – Administration of Medication



Star

Details of Training	
Name of member of staff	
Type of training received	
Date training completed	
Training provided by	
Profession and title	
Organisation	
Training review/refresher date	
Declaration	
I confirm that the aforementioned member of staff has received the training detailed above and is competent to carry out necessary treatment.	
Trainer's signature	
Qualification	
Date	
I confirm that I have received the training detailed above.	
Staff signature	
Date	